

**INFORMATION SHEET FOR GUARDIANSHIP
AND/OR PROTECTIVE PLACEMENT**

1. Name of petitioner:

2. Name, date of birth, phone number, residence & address of the ward:

First name: _____

Middle initial: _____

Last name: _____

Date of birth: _____

Address: _____

Ward's social security #: _____

3. Name and address of person or institution having care and custody of the proposed ward: _____

Name of person or facility: _____

Address of person or facility: _____

Telephone number: _____

a) Effective date of ward's arrival/residence @ facility, if not residing at personal residence or home: _____

4. Name, relationship and current address of spouse, parents, relatives and phone number of all other persons believed to be interested:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone number</u>
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5. Physician's or psychologist's written statement attached Yes No

6. Type of guardianship needed: (✓) all that apply:

_____ guardianship of person
_____ guardianship of property
_____ protective placement
_____ temporary guardianship of person
_____ temporary guardianship of property
_____ successor guardianship
_____ stand-by guardianship

7. Value of income, compensation and insurance to which the proposed ward is entitled:

a) Social Security: _____
b) Social Security/Disability: _____
c) SSI: _____
d) Medical Assistance: _____
e) Teacher Pensions: _____
f) R.R. Retirement: _____
g) Other pensions: _____

8. Veterans Administration assets and benefits: _____
if none, so state: _____

9. Name, address and phone number of proposed guardian:

Name of proposed _____

Address: _____

Telephone Number: _____ Relationship: _____

10. Name, address and phone number of SUCCESSOR guardian:

Name of proposed guardian: _____

Address: _____

Telephone Number: _____ Relationship: _____

11. Name, address and phone number of stand-by guardian:

Name of proposed guardian: _____

Address: _____

Telephone Number: _____ Relationship: _____

12. Is there currently a power of attorney for:

<input type="checkbox"/>	Person and Property
<input type="checkbox"/>	Person Only
<input type="checkbox"/>	Property Only
<input type="checkbox"/>	Durable Power of Attorney for health care
<input type="checkbox"/>	None

***If so, attach copies of all available power of attorney documents.
Attach POA of HC-only asking for guardian of person**

Effective 2/1/14